

**TRANSMITTAL FOR PROCESSING**

**TO:** ☐ Processing Clerk ☐ Manager ☐ Licensing Supervisor ☐ Evaluator  
**FROM:** **ACTION:** ☐ Send Letter Certified ☐ Expedite

DATE	FACILITY NO:
NAME OF FACILITY:	

☐ OPEN FILE ☐ REQUEST FIRE CLEARANCE ☐ SECOND REQUEST

Total Capacity: \_\_\_\_\_ No. of Ambs: \_\_\_\_\_

No. of Non Ambs.: \_\_\_\_\_

Currently in Operation: ☐ Yes ☐ No

Age Ranges: \_\_\_\_\_

Number of Buildings: \_\_\_\_\_

Restraint: ☐ Yes ☐ No

☐ SEND OVERCONCENTRATION

☐ More than 300' ☐ Less than 300'

Within City Limits: ☐ Yes ☐ No

☐ REQUEST CII CLEARANCE FOR: \_\_\_\_\_

☐ REQUESTED CERTIFIED COPY OF JUDGMENT OF CONVICTION FOR:

From Which County: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

☐ PREPARE LICENSE AND LETTER

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Facility Type: \_\_\_\_\_

Total Capacity: \_\_\_\_\_ No. of Ambs. \_\_\_\_\_ Non Ambs. \_\_\_\_\_

Age Ranges: \_\_\_\_\_

Client Group: \_\_\_\_\_

Special Limitations: \_\_\_\_\_

☐ PROCESS WAIVER/EXCEPTION

☐ CLOSE FILE EFFECTIVE: \_\_\_\_\_

Reason: \_\_\_\_\_

☐ REVIEW: \_\_\_\_\_

LIC 907 (5/00) (PUBLIC/PERSONAL/CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION REFERENCED)

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